

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 08 / 2016</div> </div>	
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E50B33C1546394340A8B</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 08 / 2016</div> </div>	
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/ Type		
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

10451.62

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>	
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82.75</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E89320CE88C81447DA70</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>	
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/ Type		
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

10534.37

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">152.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 01 / 2016

Signature